MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS

TOE THE LINE

Volume 23, Issue 1

Spring 2008

INSIDE THIS ISSUE:

IMPROVING DOCTOR-PATIENT COMMUNICATION

Most complaints by patients and the public about doctors deal with problems of communication, not with clinical competency. The most common patient complaint is that doctors do not listen to them.[1]

Recently, the Board has noticed an increase in the number of written complaints submitted by patients detailing dissatisfaction with their office visit experiences. The crux of these complaints, many of which do not mention standard of care issues, are dependent upon the patient's perception of the doctors' interpersonal and clinical skills wherein patients feel that they have not been heard and are not valued by the podiatrist and/or practice.

Patients today are health consumers and growing numbers want to actively participate in medical decision making. Excellence in medicine demands a synergy between physicians' technical and communication skills when interacting with patients. Effective communication plays a decisive role in discouraging complaints associated with the treatment process and increasing patients' satisfaction with care.

Building rapport with patients requires demonstrating active listening skills, communicating empathy verbally and nonverbally, being supportive and conveying respect. Studies link effective physician-patient communication to desirable outcomes such as lower patient stress levels and improved adherence to treatment, higher physician satisfaction, and fewer medical malpractice lawsuits.

Sidney M. Wolfe, M.D., of Public Citizen's Health Research Group, said that in today's environment, a doctor cannot get away with only being an excellent clinician, but that he/she must have good inter-personal skills as well. He was reacting to a study concluding that doctors are more likely to be sued if a patient feels they are rude, rush visits or fail to answer questions.[2]

The beginning of the new calendar year presents a natural opportunity to review your physician-patient communication, written instructions and documentation provided to patients, as well as your office policies, procedures and staffing. Investing special attention to how you approach patient encounters now could pay compounded dividends of increased patient satisfaction, optimized patient outcomes and minimize complaints and frivolous lawsuits.

[1] *BMJ* 1998 June 27; 316 (7149)
[2] *Managed Care* August 1997

CPR REQUIRED FOR INITIAL LICENSURE AND ALL LICENSE RENEWALS

Effective January 1, 2010, **Cardio Pulmonary Resuscitation (CPR) certification [Basic Life Support for Healthcare Professionals] is required for initial licensure and all license renewals**. Evidence of CPR certification must be provided for audit compliance or upon request of the Board. CPR certification and/or recertification courses are approved for CME Category A credit for up to 3 CME Hours. CPR certification courses are available from the following organizations:

American Red Cross
www.redcross.org
1-800-REDCROSS
1-800-733-2767

American Heart Association
www.americanheart.org
1-877-AHA-4CPR
1-877-242-4277

Congratulations!

Newly Licensed Podiatrists

James Cancilleri

Darlyne Cange, D.P.M.

Rebecca Faerber, D.P.M.

Patrick M. Felton D.P.M.

Robert C. Floros, D.P.M.

Julie C. Fraser, D.P.M.

Glenda Lynn King, D.P.M.

Johny J. Motran, D.P.M.

Thuy-Linh D. Nguyen, D.P.M.

Lisa A. Price, D.P.M.

Mark W. Rothstein, D.P. M.

Damian Roussel, D.P.M.

Carmen Zaldivar, D.P.M.

Special Notice

The Maryland Board of Podiatric Medical Examiners Newsletter is considered an official method of notification to podiatrists. **These Newsletters may be used in administrative hearings as proof of notification.** Please read them carefully and keep them for future reference.

PRESCRIBING FOR SELF AND FAMILY MEMBERS

Prescriptions written by a practitioner for family, self or friends must be for the legitimate treatment of conditions within the scope of podiatric medicine and surgery. In addition, writing prescriptions must be supported by medical necessity and documented thoroughly in the patient's medical chart. There must be bona-fide physician-patient relationship present to support such medication prescribing. Prescriptions written by a practitioner out of what a pharmacist knows to be the sphere of that practitioner's practice likely will be interpreted as suspect and should not be filled. It is the burden of the practitioner to convince the pharmacist that a bona-fide physician-patient relationship exists before the prescription is filled by the pharmacist.

Physicians generally should not treat themselves or members of their immediate family. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical. Patients may feel uncomfortable disclosing sensitive information to a family member or friend. In addition, when treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If a negative medical outcome occurs, difficulties may be carried over into the family member's personal relationship with the physician.

In addition, it may actually be a contractual violation to bill an insurer for services rendered to a family member. Medicare specifically discusses this and prohibits submitting charges for care provided to a broad range of blood relative, relatives through marriage or even relatives through former marriages.

So, the next time your mother-in-law calls you to give her antibiotics for her sinus infection or your friend calls for pain killers for back pain, just say no. An explanation that this behavior not only jeopardizes your podiatry license but also places the health and welfare of the person at risk should be sufficient to convince the person to call their own physician.

Ira M. Deming, D.P.M.

"...any writing of prescriptions must be supported by medical necessity and documented thoroughly in the patient's medical chart."

SCOPE OF PRACTICE MARYLAND PODIATRY ACT

How would you respond to the following True/False question taken from the Jurisprudence Examination?

A Maryland licensed podiatrist may treat any condition up to the level of the mid calf, except the surgical treatment of an acute ankle fracture.

The correct answer is FALSE. Ninety-nine percent of podiatrists, including experienced podiatrists taking the exam for CME credit, answer this question incorrectly. The correct response may be found by reviewing the following statute from the Maryland Podiatry Act which defines the scope of practice as "soft-tissue below the mid-calf" versus the incorrect "any condition" of the exam question.

Maryland Podiatry Act

Annotated Code of Maryland, Health Occupations Article, §16-102

(f) 'Practice podiatry" means to diagnose or surgically, medically, or mechanically treat the human foot or ankle, the anatomical structures that attach to the human foot, or the **soft tissue below the mid-calf**. "Practice podiatry" does not include: (i) Surgical treatment of acute ankle fracture; or (ii) Administration of an anesthetic, other than a local anesthetic.

LET'S REALLY BENEFIT FROM THE WONDERS OF THE ELECTRONIC MEDICAL RECORD

Medical charting has undergone dramatic changes over the last 30 years. From handwritten, often illegible, cryptic abbreviations, discernible only by the author, many practices are beginning to utilize some form of an electronic health record (EHR). These have also been given the acronym EMR (electronic medical record).

Each patient visit requires a carefully documented account of the relevant complaint, objective finding, resultant working diagnosis and plan of action. We have all been repetitively cautioned that "if it is not written, it was not done". EMR/EHR is the current tool by which we all hope to achieve this goal.

Historically, EMR/EHR was introduced in podiatry in approximately 1996. It has evolved into a very powerful tool for your documentation. Unfortunately, the Board is often confronted with podiatric records that fall short of this goal.

There have been many problems associated with EMR/HER that we have encountered by reviewing records. Here are some common examples:

1. A practitioner purchases an EMR product and attempts to utilize it "as is", with no personalization to their individual style of record-keeping. The vendor supplies templates, which are not the purchasing physician's words. The same verbiage is used in each note and it becomes obvious, if you place one note after the other, that you are utilizing the software vendor's terminology. Your note is now identical to every other podiatrist's note, who has also taken this shortcut. Recommendation: after purchase you should make your EMR/EHR, practice-specific.

2. Another common finding is the persistent use of the same note, from one patient visit to the next, without a single change in the verbiage. The reality is that each encounter will very likely provide different patient comments and different clinical findings, even if they are not dramatic. Recommendation: Always begin the note with some type of conversational information that makes that patient visit specific. Possibly, address your examination in a different order. Certainly, it would be expected that the diagnoses and treatment may be exactly the same and that is acceptable.

3. Often, despite the use of an EMR/EHR, there is a lack of documentation. Let's say you order a test, i.e. x-rays. It is imperative for proper documentation that you state in your plan, why you are ordering that test. Doing X-rays, you state the specific views and the body part that is being x-rayed. (i.e. X-rays, AP, Medial Oblique and Lateral views of the right foot). You must then report what was seen or not seen in these studies. It is not sufficient to state that "x-rays were taken and discussed with the patient".

4. The most egregious findings result from lack of editing of the completed note. In this case, there are often contradictory findings. For example, there may be a "forwarded" comment, such as "no edema or erythema noted" at the surgical site and later in the note the doctor reports that there are early signs of infection with "localized swelling and redness". Now the individual reviewing this record is faced with conflicting medical information…and must question the accuracy and validity of the entire note.

Recommendation: Always read your note before signing, to identify and resolve these erroneous entries.

Dennis M. Weber, D.P.M. & David J. Freedman, D.P.M.

SCOPE OF PRACTICE BOARD DETERMINATIONS

LASER THERAPY

The Board determined that the use of low level laser therapy to treat the human foot or ankle, the anatomical structures that attach to the human foot, or the soft tissue below the mid-calf is within the scope of practice of podiatry in Maryland.

PATIENT DATA MICROCHIPS

The Board determined that injecting patient data microchips into a patient's arm subcutaneously is within the scope of practice of podiatry in Maryland.

ACUTE ANKLE FRACTURE

In response to a request for guidance in the interpretation of "acute ankle fracture", the Board determined that applying a single static timeframe to all ankle fractures is inappropriate. Sound clinical judgment applied on a case by case basis which includes the completion of a thorough clinical assessment is required.

NCV TESTING

The Board determined that nerve conduction velocity testing is within the scope of practice of Maryland licensed podiatrists and that any and all diagnostic related procedures shall remain limited to the soft tissue no higher than the level of the mid-calf. A licensed podiatrist may indeed delegate the performance of such testing to a technician under his or her direct supervision.

PUBLIC DISCIPLINARY ACTIONS

Christine M. Chambers, DPM
Summary Suspension 3/8/2007
Reinstated to Active with conditions
02/14/2008

Richard Benjamin, DPM
Reprimand 5/15/2007

Rick Bryson, DPM
Summary Suspension for Violation of Probation
11/8/2007
Reinstated to Probation for 3 Years 12/27/2007

Wayne Knoll Jr., DPM
Reprimand, Probation 1 Year
12/17/2007

Lavergne Andre-Hayes, D.P.M.
Reinstated to Probation for 3 Years 2/14/2008

2010-2011 Licensure Fees Announced

The Board approved a $75.00 annual increase in licensing fees for the 2010-2011 license.

MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS

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We're on the Web!
www.mbpme.org

2008 BOARD MEETINGS

April 10

May 8

June 12

July 10

August—No Meeting

September 11

October 2

November 13

December 11

The Board of Podiatric Medical Examiners meets the second Thursday of each month at the Department of Health and Mental Hygiene, 4201 Patterson Avenue, Baltimore, Maryland 21215. The Open Session of the meeting begins at 1:00 p.m. and is open to the public. Please note that the Board is not scheduled to meet in August and the October meeting is scheduled for the 1st Thursday of the month. For further information regarding these meetings, or to place an item on the public agenda, please contact the Board office at (410) 764-4785.

VOLUNTEER OPPORTUNITIES

Recognizing a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health, podiatrists are encouraged to provide *pro bono* podiatric care to Maryland's underserved populations by contacting the following Community Service organizations:

Helping Up Mission
1029 E. Baltimore Street
Baltimore, MD 21201
410-675-7500

Health Care for the Homeless
111 Park Avenue
Baltimore, MD 21201
410-837-5533

Or any other Organization of your choice.

FREE CONTINUING MEDICAL EDUCATION (CME) CREDITS

JURISPRUDENCE LECTURE AND EXAM (2 CMEs)

Access the Jurisprudence Lecture online at www.mbpme.org

Request the law books and exam from the Board. A passing score on the exam earns 2 CMEs

ATTEND OPEN SESSION BOARD MEETINGS (1 CME)

ONLINE CMEs

Thinkculturalhealth.org (9 CMEs)

Free CMEs may be available at the following websites:

www.freecme.com
www.medscape.com
www.medconnect.com
www.cmecorner.com
www.ndei.org
www.baylorcme.org
www.lipidsonline.org

The podiatrist and the Board are responsible for verifying course accreditation from all sponsors.

Developing a Comprehensive Diagnostic and Treatment Plan for Charcot Neuroarthropathy – Part 2
by Brent Bernstein, DPM and John Motko, RN.

Earn 30 CPME-Approved CME Contact Hours Online. Earn 15 Contact Hours for only $139

www.podiatrym.com/cme.cfm

Choose any or ALL (30 CME Contact Hours) from the 20 CME articles posted. You Can Now Take Tests and Print Your CME Certificates Online.